

Unit: _____	Serial #: _____
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<b>Admit Date/Time Accepted to medicine:</b>			Date/Time MOVE 1			
Transfer Ready Date/Time:			Date/Time MOVE 2			
<b>Discharge Date/Time:</b>		disch to:	Date/Time MOVE 3			

Hx &amp; PM HX (Chronic Health?)

(more History use back of page)

<b>TASKS</b> ✓	NONE	ACUTE	CHRONIC
Tracheostomy			
Hemodialysis			
Peritoneal Dialysis			
✓	<b>NO</b>	<b>YES</b>	
BiPAP / CPAP			
ISOLATION-TOTAL (glove, gown, mask)			

NOTE: **ACUTE TRACH** - 1st 48 hrsNOTE: **CHRONIC TRACH** - more than 48 hrsNOTE: **ACUTE** dialysis is 1st time dialysis

during this hosp admission. PAGE 32 Dx codes

NOTE: **CHRONIC** Dialysis is chronic out pt dialysis

which was being done prior to this hospitalization

NOTE: **TOTAL Isolation** must be gloves, gown mask to count

<b>ADL</b>	Unassisted	Min. Assist	Maj Assist
Bathing			
Dressing			
Toileting			
Transferring			
Continence			
Feeding			
<b>MOST</b>		<b>GLAGOW COMA</b> (circle)	
TYPE:	Surg <input type="checkbox"/> Med <input type="checkbox"/>	<b>Eye</b>	1. No response
SYS BP			2. to Pain
HR			3. To Speech
RR			4. Spontaneous
WBC		<b>Motor</b>	1. No response
			2. Abnormal extension
			3. Abnormal Flexion
			4. Withdraws to Pain
			5. Localizes pain
			6. Obeys command
		<b>Verbal</b>	<b>Not Ventilated?</b>
			1. Oriented
			2. Disoriented
			3. Inappropriate words
			4. Inappropriate sounds / Confused
			5. No Response
			<b>Ventilated ?</b>
			6. Appears Oriented
			7. Questionably oriented
			8. No response
			9. Unknown

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